

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 9 — 0 0 3

2. STATE:

Illinois

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 1999

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.904(c)(1)(ii)

7. FEDERAL BUDGET IMPACT:

a. FFY 1999 \$ 500,000b. FFY 2000 \$ 1 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 11a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Page 11a

10. SUBJECT OF AMENDMENT:

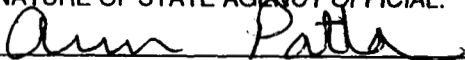
Outstation locations

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Not submitted for review by prior approval.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Ann Patla

14. TITLE:

Director

15. DATE SUBMITTED:

6/29/99

16. RETURN TO:

Illinois Department of Public Aid  
201 South Grand Avenue East, 3rd Floor  
Springfield, Illinois 62763-0001

17. DATE RECEIVED:

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

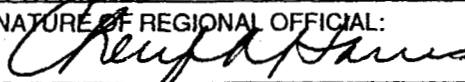
6/6/01

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/1/99

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS:

11a

Revision: HCFA-PM-91-6 (MS)  
September 1991

OMB No.

State/Territory: ILLINOISCitation

1902(a) (55)  
of the Act

2.1(d)

The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a) (10) (A) (i) (IV), (a) (10) (A) (i) (VI), (a) (10) (A) (i) (VII), and (a) (10) (A) (ii) (IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the AFDC form except as permitted by HCFA instructions.

Outstation locations included some disproportionate share hospitals and federally qualified health centers (FQHCs). Other categories of approvable providers include:

- Other Hospitals
- Local Health Departments
- Encounter rate clinics
- Women, Infant and Children (WIC) sites
- Community Action Agencies
- Family Case Management Agencies
- School Districts
- Faith Based Organizations
- Division of Specialized Care for Children (DSCC)

Within each category, approval by the Department is required in order for individual providers to act as an outstation location.

☆ U.S. Government Printing Office : 1991-281-878/40326

TN No. 99-3  
Supersedes  
TN No. 91-22

JUN 08 2001

Approval Date \_\_\_\_\_

Effective Date 04-01-99  
HCFA ID: 7985E